

## Refine Search

### Search Results -

Terms	Documents
L5 and (transmitt\$6 or generat\$6 or receiv\$6) same (pda or personal digital assistant or laptop or cellular or pager or blackberry) same (healthcare or provider or doctor or physician or hospital)	11

Database:

US Pre-Grant Publication Full-Text Database  
 US Patents Full-Text Database  
 US OCR Full-Text Database  
 EPO Abstracts Database  
 JPO Abstracts Database  
 Derwent World Patents Index  
 IBM Technical Disclosure Bulletins

Search:

L6







### Search History

 DATE: Friday, April 28, 2006    [Printable Copy](#)    [Create Case](#)

<u>Set Name</u>	<u>Query</u>	<u>Hit Count</u>	<u>Set Name</u> result set
side by side			
<i>DB=PGPB,USPT; PLUR=YES; OP=ADJ</i>			
<u>L6</u>	L5 and (transmitt\$6 or generat\$6 or receiv\$6) same (pda or personal digital assistant or laptop or cellular or pager or blackberry) same (healthcare or provider or doctor or physician or hospital)	11	<u>L6</u>
<u>L5</u>	L4 and request\$3 same (benefit\$3 or pric\$3 or revenue) same (online or electronic\$5)	38	<u>L5</u>
<u>L4</u>	(prescription or drug or prescrib\$3 or formular\$ or Rx or apothicaire or pharmacy or pharmaceutical\$4) same (renew\$6 or refill\$6)	3969	<u>L4</u>
<u>L3</u>	L1 and (prescription or drug or prescrib\$3 or formular\$ or Rx or apothicaire or pharmacy or pharmaceutical\$4) same (renew\$6 or refill\$6)	0	<u>L3</u>
<u>L2</u>	L1 and (prescription or drug or prescrib\$3 or formular\$ or Rx or apothicaire) same (renew\$6 or refill\$6)	0	<u>L2</u>
<u>L1</u>	(5225976 or 6266635 or 6324507 or 6334102 or 6370238 or 5513298 or	9	<u>L1</u>

5615296 or 5758319 or 5890122).pn.

END OF SEARCH HISTORY

## Hit List

[First Hit](#)[Clear](#)[Generate Collection](#)[Print](#)[Fwd Refs](#)[Bkwd Refs](#)[Generate OACS](#)

Search Results - Record(s) 1 through 11 of 11 returned.

☐ 1. Document ID: US 20060089858 A1

Using default format because multiple data bases are involved.

L6: Entry 1 of 11

File: PGPB

Apr 27, 2006

PGPUB-DOCUMENT-NUMBER: 20060089858

PGPUB-FILING-TYPE:

DOCUMENT-IDENTIFIER: US 20060089858 A1

TITLE: Means and method of applying RFID and PKI technologies for patient safety

PUBLICATION-DATE: April 27, 2006

INVENTOR-INFORMATION:

NAME

CITY

STATE

COUNTRY

Ling; Tun

Taipei City

TW

US-CL-CURRENT: 705/2

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	KWIC	Draw D
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☐ 2. Document ID: US 20050178830 A1

L6: Entry 2 of 11

File: PGPB

Aug 18, 2005

PGPUB-DOCUMENT-NUMBER: 20050178830

PGPUB-FILING-TYPE: new

DOCUMENT-IDENTIFIER: US 20050178830 A1

TITLE: Apparatus and method for increased security of wireless transactions

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	KWIC	Draw D
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☐ 3. Document ID: US 20050178829 A1

L6: Entry 3 of 11

File: PGPB

Aug 18, 2005

PGPUB-DOCUMENT-NUMBER: 20050178829

PGPUB-FILING-TYPE: new

DOCUMENT-IDENTIFIER: US 20050178829 A1

TITLE: Apparatus and method for increased security of wireless transactions

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	KWIC	Draw. D.
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☐ 4. Document ID: US 20040253966 A1

L6: Entry 4 of 11

File: PGPB

Dec 16, 2004

PGPUB-DOCUMENT-NUMBER: 20040253966

PGPUB-FILING-TYPE: new

DOCUMENT-IDENTIFIER: US 20040253966 A1

TITLE: Networked service providers spontaneously respond and prepared to fulfill user's location-dependent requests

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	KWIC	Draw. D.
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☐ 5. Document ID: US 20040235450 A1

L6: Entry 5 of 11

File: PGPB

Nov 25, 2004

PGPUB-DOCUMENT-NUMBER: 20040235450

PGPUB-FILING-TYPE: new

DOCUMENT-IDENTIFIER: US 20040235450 A1

TITLE: Apparatus and method for increased security of wireless transactions

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	KWIC	Draw. D.
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☐ 6. Document ID: US 20030233278 A1

L6: Entry 6 of 11

File: PGPB

Dec 18, 2003

PGPUB-DOCUMENT-NUMBER: 20030233278

PGPUB-FILING-TYPE: new

DOCUMENT-IDENTIFIER: US 20030233278 A1

TITLE: Method and system for tracking and providing incentives for tasks and activities and other behavioral influences related to money, individuals, technology and other assets

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	KWIC	Draw. D.
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☐ 7. Document ID: US 20030187690 A1

L6: Entry 7 of 11

File: PGPB

Oct 2, 2003

PGPUB-DOCUMENT-NUMBER: 20030187690  
PGPUB-FILING-TYPE: new  
DOCUMENT-IDENTIFIER: US 20030187690 A1

TITLE: Patient oriented point of care system and method implementing same

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	KWIC	Draw. D.
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☐ 8. Document ID: US 20030130875 A1

L6: Entry 8 of 11

File: PGPB

Jul 10, 2003

PGPUB-DOCUMENT-NUMBER: 20030130875  
PGPUB-FILING-TYPE: new  
DOCUMENT-IDENTIFIER: US 20030130875 A1

TITLE: Real-time prescription renewal transaction across a network

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	KWIC	Draw. D.
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☐ 9. Document ID: US 20020188467 A1

L6: Entry 9 of 11

File: PGPB

Dec 12, 2002

PGPUB-DOCUMENT-NUMBER: 20020188467  
PGPUB-FILING-TYPE: new  
DOCUMENT-IDENTIFIER: US 20020188467 A1

TITLE: Medical virtual resource network

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	KWIC	Draw. D.
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☐ 10. Document ID: US 20020069067 A1

L6: Entry 10 of 11

File: PGPB

Jun 6, 2002

PGPUB-DOCUMENT-NUMBER: 20020069067  
PGPUB-FILING-TYPE: new  
DOCUMENT-IDENTIFIER: US 20020069067 A1

TITLE: System, method, and apparatus for providing interpretive communication on a network

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	KWIC	Draw. D.
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☐ 11. Document ID: US 20020052760 A1

L6: Entry 11 of 11

File: PGPB

May 2, 2002

PGPUB-DOCUMENT-NUMBER: 20020052760

PGPUB-FILING-TYPE: new

DOCUMENT-IDENTIFIER: US 20020052760 A1

TITLE: System and method for automated prescription management

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	KWIC	Draw D
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Terms	Documents
L5 and (transmitt\$6 or generat\$6 or receiv\$6) same (pda or personal digital assistant or laptop or cellular or pager or blackberry) same (healthcare or provider or doctor or physician or hospital)	11

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[First Hit](#)[Previous Doc](#)[Next Doc](#)[Go to Doc#](#)[Generate Collection](#)[Print](#)

L6: Entry 9 of 11

File: PGPB

Dec 12, 2002

DOCUMENT-IDENTIFIER: US 20020188467 A1

TITLE: Medical virtual resource network

Summary of Invention Paragraph:

[0010] Still another object of the invention is the ability to contact patients automatically for refills of prescription medications and emergency prescription access from any location.

Summary of Invention Paragraph:

[0024] In summary, the present invention provides an information network that integrates voice interactive, text interactive and streaming video on high speed optical and satellite connection to deliver virtual information to physicians, nurses, pharmacists and patients. This virtual resource network provides the patient records upon voice command and verifies insurance coverage, searches for proper dosage, alternative drugs, evaluates pricing and availability. This medical virtual resource network also prepares and sends billing information, tracks patient progress and sends automatic reminders to patients. Also provided is second opinion on demand, access to teaching hospitals and medical journals and treatises so that physicians are provided with the latest treatment options. The medical virtual resource network is not intended as a computerized doctor, but simply as an aid to physicians to improve their access to needed information and streamline insurance and pharmaceutical procedures. In order for the system to operate effectively, it is anticipated that use will be made of an electronic input device. This may be as simple as a personal computer or may incorporate voice interactive technology. Preferably, however an electronic medical clipboard along with a multi-point pen writer, and digital recorder is used which enables hand writing recognition that is transcribed into patient's evaluation folder. The electronic clipboard is combined with a digitized voice recorder that records both patient descriptions of symptoms and doctor's or nurse's notes and questions. The voice interaction is transcribed into text upon request. This system is ergonomic, and portable designed to mirror standard medical writing pads. The digitized recorder uses a microphone that is detachable, easily pinned to a lapel or hidden under over-coats and transmits the signal to recorder. The digitized recorder allows the medical practitioner to document clinical evaluation without the need to write. The digital recorder preferably uploads via an 802.11 wireless network into a patient's examination folder. The electronic clipboard improves upon the current use of the stethoscope by including an adaptor attached to a recorder to connect a conventional stethoscope to the system and amplify the heartbeat and/or heart murmur up to 500 times for clarity and blocks out external sound and then autotranscribes the sound wave to a digitized cardiographic chart for better evaluation. In addition to the electronic medical clipboard it is also advantageous to incorporate a proboscope which provides instant culture, saliva, mucus, blood and urine collector and tester with digitized color coded results as well as electronic two-way voice and video feeds for contacting other medical professionals for consultation.

Detail Description Paragraph:

[0041] The database for the prescription drug network would preferably include a schedule of available drugs and medical apparatus, a databank of prescription requests from the doctor or hospital and links to individual pharmacies for

interactive communication to verify dosage, concentrations or alternative medical devices. The MVRN also includes a pharmacy refill prompter feature wherein the MVRN automatically dials the patient and provides the date for the next refill and can include the capability for the pharmacy to send a refill request to the doctor and provide partial dosage preclearance for those situations where a patient is on a maintenance drug. An additional pharmacy feature can include optional electronic copay with automatic bank account debiting should the patient elect this option.

#### Detail Description Table CWU:

1 Current Application Current uses Limitations MVRN System Patient Registration Low level software. Embeds patient info Logs patient info once/issue software Fragmented database. on server and visit card to new patients, Used by medical desktop. request card if regular client clerical staff No multi-task. Digitized patient records. No interaction. Hospital medical records etc. Codifies records in file/w icons. Auto disseminates info to station; lab; radiology; etc. Auto searches patient medical record updates. Flags conflicts. Prepares co-pay/billing Prints patient summary visit report. Eliminates paper/sign-in etc Patient Diagnostic profile Most low level Limited electronic Medical Electronics processing software patient admission Diagnostic System. Nurses and doctors profile Intuitive software technology rely heavily on paper Where available, that auto channel cases to the forms and hand diagnostic analysis pre-designated locations. written evaluation is too broad. Allows stations to remotely reports. No link to lab or lab send lab, radiology, billing Use of slips for blood feed back to nursing schedule, doctor information lab-work and nurse station. using special voice attention hand transfer of Nurse station, notice and case file icon with records. remains paper patient name on file jack icon. Poor use of medical intensive. Eliminates paper/duplication. staff time. Low Poor manual Performs complete suggestive bottom line hospital tracking of doctor's diagnostics. Verifies productivity room schedules and treatment procedure, receives concerns, results. Doctor's inadequate Prepares, verifies treatment attention to form (rehab, drug) and generates generated patient status/summary report. complaint Lab/Radiology Slip Lab technicians and Slips are lab order MVRN Network facilitates Request (paper) nurses. forms written by auto request to lab. Slips on station hand. Patients are directed with site- counters notify Limited advantage. map to lab/radiology. technicians. Inefficient, creates La/radiology results are auto- delays/errors remotely sent to appropriate Test results take station. more time than Network provides summary necessary. analysis of result to both Lab software useful Doctor/station and on only to technicians, patients visit summary report. no electronic Outside lab result transferred transfer of data electronically. Reduced time. Patient Case Order Note Written-up by nurse Physicians seldom Patient case file electronically case manager. review case file on documented. Attending hand writing EMMC enable flexibility of practitioners update thoroughly. case update. case file by hand Inaccuracies and Provides expert electronic incomplete patient diagnosis and treatment complaint not guidelines. effectively Provides evaluation procedure documented. Sends information where Room for self needed. interpretation Provides summary report for doctors quick analysis. Typed or handwritten Mostly written by Limited software Electronic Intuitive Global Prescription note/New Doctors for internal prescription network PDA Occasionally prescription. Conduct comprehensive prescribed and written Mostly prescriptions pharmacological analysis, by Nurses. And are written by hand. verifies patient current residents. Little or no research prescription regiment, and Doctors often dictate on drug treatment verifies coverage with drug treatment to regiment. healthcare coverage. nurse without proper Little or no MVRN auto check for verification. verification and prescription availability at exacting retail pharmacy nearest mechanism. patient residence. No coverage Logs prescription history to verification with internal server and internal Insurance provider pharmacy PDA's are personal Recommends exacting gadgets without link formulary and alternative to internal server or drug. authorization to System is institution carry registered not a PDA. medical/patient Maintains highest level of records. Not a encrypted security. Uses GPS shared system. security to track uses beyond designated areas. ECG/EEG Harvest List



Standalone software No link to outside lab. Software will enable Software Etc. used by lab 3-5 day delay technicians to remotely remit technicians. test to lab and receive results Inaccessible at point from lab. of use other than Technician can auto distribute technician. result to appropriate station or at point of use. EMMC will receive lab result, generate summary analysis of result and send copy to serve for archive Software will enable results to attach graphic digital representation of findings (animated for clear view) PDA/Devices Used by individual No direct link to EMMC is a complete residents for data institutions server. practical system, linked to storage Provides little or no MIS server and to all effect on efficiency appropriate lab systems. of service to patient System is designed for multi- or to bottom-line. task; multi-personnel use and self contained. It is mobile, equipped to conduct outside links-web enabled. Used for teleconferencing, prescription, second opinion, station schedules. Conducts full procedural diagnosis etc.

[Previous Doc](#)[Next Doc](#)[Go to Doc#](#)

[First Hit](#)      [Previous Doc](#)      [Next Doc](#)      [Go to Doc#](#)

End of Result Set

☐ [Generate Collection](#) [Print](#)

L6: Entry 11 of 11

File: PGPB

May 2, 2002

DOCUMENT-IDENTIFIER: US 20020052760 A1

TITLE: System and method for automated prescription management

Abstract Paragraph:

An automated Triage Administrator system that links data for prescription requests, prescription refill requests, medical history requests and a patient's prescription history in a data base. The system allows pharmacies and physicians access to the desired medical information by fax or internet protocols. The system also provides all newly issued and current prescriptions to be joined into one "Super Prescription" for convenient distribution.

Summary of Invention Paragraph:

[0002] Hospitals and medical offices in the United States handle millions of requests for prescription refills a day from pharmacies seeking to meet patients needs. These requests are typically handled in one of the following three ways. The pharmacy may leave a voice mail message that is transcribed by hand. The prescription is then authorized by the physician and called back to the pharmacy over the telephone or transcribed again and faxed to the pharmacy. Alternately, the pharmacy faxes the prescription request to the physician's office and the physician approves the fax and faxes it back to the pharmacy. In many cases the fax is unclear and the physician's office must telephone the pharmacy for clarification. Finally, the pharmacy may send a written form over the internet, either through e-mail or as a completed form using a prescription generation service.

Summary of Invention Paragraph:

[0014] The present invention is directed to a system of creating a database based on prescription drug refill requests that are free from incorrect prescription drug identification and incorrect patient identification. The system reduces the time required to process such requests and creates a patient drug history that is accessible to "fax on demand" and internet protocols.

Summary of Invention Paragraph:

[0016] The invention creates a database entry of the prescription request and asks the pharmacist to identify the desired medication by keying in the 13 digit NDC number. This NDC number is then confirmed by the invention, which speaks the commercial name to the pharmacist and asks for approval of the drug and dosage. The invention creates 3 safety checks for correct identification of the drug. NDC numbers are typically not known and not used by physicians. Physicians typically use a drug's commercial or generic name. The invention causes a database entry to be created for each request that lists the NDC number as well as the commercial name and dosage of the requested drug. This information is then displayed to the processing physician. The physician who is processing this request does not have to guess as to the true name or dosage of the request. The invention generates a database prescription refill request that has a verified unique NDC number as well as the unique nomenclature and dosage.

Summary of Invention Paragraph:

[0017] Additionally, the exact identification of the desired patient may be based

on a social security number, patient name or date of birth. Similar to errors generated for incorrectly transcribed prescription drugs, confusion over which patient is requesting the prescription refill request currently exist. A physician's staff or pharmacy may incorrectly identify a patient by shortening a name, for example, from Robert to Bob, or omitting a middle initial on a faxed request or voice mail transcription. The consequences are often as disastrous as prescribing an incorrect drug. The system solves this problem by forcing the pharmacist to identify a patient based on unique information generated from the patient's medical record stored at the physician's office. This unique identifier is linked to the internal record number used by the physician's office for the patient's chart. In cases where identity and diagnosis information is required to ensure that the correct patient is approved for appropriate medication the chart or electronic medical record can be pulled to immediately determine if the refill request is appropriate. The invention virtually eliminates the possibility for incorrect prescriptions caused by transcription errors or illegible faxes.

Summary of Invention Paragraph:

[0018] The invention generates a unique tracking number for each prescription refill request that records all data provided by the pharmacy, the user who authorized the refilled prescription, and the date and time the prescription was authorized for refill. The invention drastically reduces the time required to process a prescription refill request. The invention improves on current practice by forcing the pharmacy to select a patient from a patient database that correctly matches that patient to a medical record that contains the patient's prescription history.

Summary of Invention Paragraph:

[0019] Further, the invention allows the refill of prescriptions to be completed at any location with a computer terminal. Because the invention is stored on a computer hard disk that may be shared over a network or the internet, a prescription refill request may be answered from any location accessible to a wire or wireless communication source. The invention also allows physicians to access a patients drug history. This makes it possible for emergency room physicians who are treating a patient to call a specified number, enter a unique pin number, identify the patient and have the prescription history faxed or e-mailed to their location immediately. This results in better medical decisions making at a time crucial to the care of a patient.

Summary of Invention Paragraph:

[0020] Furthermore, the invention allows for the sorting of approved prescription refill requests. This allows physicians to identify patients who have been given drugs that are being recalled, identify patients who may benefit from new drugs recently approved or identify patients who may qualify for clinical trials for new therapy. This also allows physicians to identify patients with classified disease states as stipulated by ICD-9 codes. This allows administrators to evaluate the plan of treatment for specific disease states.

Summary of Invention Paragraph:

[0021] The invention allows for the consolidation of all ongoing medication into a single Super Prescription request and allows for the bidding out of that Super Prescription request to commercial entities. Patients are often prescribed single drug prescriptions for varying lengths of time by potentially different physicians. The invention automatically captures all prescription refill requests from pharmacies when they telephone into the system or access it using internet protocols into a single database. The invention also captures new prescription information automatically when a physician writes a prescription during a patient visit. Additionally, the invention has a method for entering prescriptions issued by other physicians who may have seen the patient and prescribed medication. The result is a prescription database for a patient that includes all active medications, all discontinued medications and all drugs that the patient is

allergic to or intolerant to.

Summary of Invention Paragraph:

[0022] The database can be made to produce a "Super Prescription" that displays all active medications that is electronically approved by the primary care physician for a uniform period of time, typically until the next patient visit. The prescription can then be sent electronically to all subscribing pharmacies for the lowest cost bid on the full super prescription. The result is that the patient gets the lowest price on a complete medication package without having to shop individually for each prescription. The patient also does not have to worry about a single prescription expiring before their next regularly scheduled visit, as all prescriptions will be made to expire at the same time. The physician provides better and more complete care for the patient by ensuring that the patient's treatment regime of pharmaceuticals is not interrupted. This process also reduces the number of individual prescription refill requests the physician must process between visits, reducing the physician's workload by approximately 30 minutes per day.

Brief Description of Drawings Paragraph:

[0026] FIGS. 3A and 3B are flow diagrams illustrating the process for creating a prescription refill request of the present invention.

Brief Description of Drawings Paragraph:

[0030] FIG. 7 is a flow diagram illustrating processing prescription refill requests.

Brief Description of Drawings Paragraph:

[0034] FIG. 11 is a computer screen image of the Prescription Refill Request.

Detail Description Paragraph:

[0038] FIG. 1 illustrates the interactive voice response (IVR) system of the present invention that is connected to the Triage Administrator network database (FIG. 6). The IVR system detects incoming telephone calls, answers the telephone call and provides the caller with various voice prompts. The IVR system accepts and processes input provided by the caller. The user provides input by pressing buttons on a DTMF telephone during the call. The IVR system allows the user to access a menu where the user is presented with three options for using the system. In the first option 120, the user depresses the "1" key if he is a pharmacy desiring to create a prescription refill request. In the second option 110, the user depresses the "2" key if he is calling from another healthcare entity and desires to create a patient medical history request. In the third option 102, the user depresses the "3" key if he is a healthcare professional desiring a prescription history for a patient.

Detail Description Paragraph:

[0039] Option 120 allows the user to create a prescription refill request. Step 122 presents the option of creating another prescription refill request for the same or a different patient. Step 124 allows the physician to review the refill request and approve or disapprove the request. In step 126 the physician completes any additional refill requests. In step 128 the refill request is either faxed or e-mailed to the requesting pharmacy. In step 130 the physician may use database analysis techniques to search the resulting database for records that meet the desired characteristics.

Detail Description Paragraph:

[0043] FIG. 3A and FIG. 3B illustrate the process the pharmacy goes through to enter a prescription refill request. In order for a complete prescription refill request to be created and a confirmation number to be generated, the system must positively establish the pharmacy's identity, the patients' identity, the drug identity, the prescribing physician and the date of the last refill. The caller

must confirm each piece of information by taking an action such as depressing a key on the telephone keypad. This is necessary to ensure that prescription requests are only issued for the correct medications to the correct patients.

Detail Description Paragraph:

[0047] If the drug's identity was confirmed in step 166 or in step 170, the system asks the caller to enter the date the prescription was last filled in step 174. In step 176 the system asks the caller to confirm the spoken date of the last refill date. If the caller denies the date spoken by depressing the "2" key, the caller is then asked to enter the last refill date again in step 182. The caller is then prompted to confirm the spoken date of the last refill. If the caller denies the spoken date of the last refill, he is placed in a "do-loop" where he is continually asked to enter and confirm the last refill date until he confirms the data. If the caller presses "1" in step 176 or in step 184 and confirms the date of the last refill, he is asked to enter the initials of the prescribing physician in step 178. In step 180 the caller is asked to confirm the spoken identity of the prescribing physician. If the caller denies the spoken name of the prescribing physician and depresses the "2" key, he is asked to enter the prescribing physician's initials again in step 190. If the caller again denies the spoken identity of the prescribing physician for the second time in step 192, the system tells the caller that the prescribing physician will try to be identified in step 194. The caller is then transferred to step 186.

Detail Description Paragraph:

[0058] The above Figures referred to the Interactive Voice Response system that enabled callers to create requests using the present invention, the following Figures detail the user interfaces that allow the hosting physician to process requests and create new prescriptions. FIG. 6 refers to the user interface for the system, known as the Triage Administrator and visually depicted in FIG. 10. In step 300, the physician enter the Triage Administrator and select the Prescription Refills button. All prescription refills are displayed. The user then selects unprocessed requests in step 302. The physician views the information contained in the refill request, visually depicted in FIG. 11, and approves or disapproves the request for refill in step 304. The physician then determines if there are anymore requests in step 306 and processes them accordingly. Completed prescription requests are transmitted automatically in step 308 using fax or internet protocols.

Detail Description Paragraph:

[0059] In step 310 the physician selects the new prescription service from the Triage Administrator. The Physician uses this service in the exam rooms to generate new prescriptions in step 312 or to add prescriptions generated by other physicians to the database in step 314. The invention is capable of running from a networked computer or using a handheld device like a Palm VII, Motorola Timeport, or RIM's Interactive Pager 850. The physician determines if there are anymore prescription requests in step 316. If there are, he selects the type and continues in a do-loop until all prescriptions have been generated or entered.

Detail Description Paragraph:

[0062] FIG. 7 illustrates the actions taken when the user desires to process unfilled prescription refill requests. In step 300, the user selects the Prescription Refills button on the Triage Administrator (see FIG. 10). The user then types in his user name and Personal Identification Number (PIN) in step 332. In step 334 all unfilled prescription requests that the user has authorization to process are displayed on the screen. The user then selects the first uncompleted request and selects the detail button in step 336. The prescription refill request screen appears, illustrated in FIG. 11, displaying the request information in step 338. The user decides if additional information is required to process this request in step 340. If additional information is required, then the chart number is captured from the Prescription Refill Request screen and the chart is reviewed in

step 342. If no additional information is required, the user determines if the refill request is appropriate for the patient in step 344. If the prescription refill request is not appropriate for the patient, the user selects the appropriate negative button on the Prescription Refill Request screen, illustrated in FIG. 11, in step 346. If the refill request is appropriate, the user selects the approved button and fills in any comments in step 348. The completed request is added to the outbound fax queue or to the outbound e-mail in step 350. The user checks to ensure that the request was sent in step 352.

Detail Description Paragraph:

[0064] The system identifies the drug using a pre-programmed database. In step 364 the physician types a drug name or portion of the drug name and a scroll down menu appears with close matches. The physician can continue to type with the scroll down menu eliminating incorrect choices and narrowing the list, or the user can scroll down and select the desired drug name. Next, the physician types or selects a dosage with the choices in solid or liquid form displayed on the screen in a pull down menu from a database table in step 366. In step 368 the physician types or selects the number of months the prescription is valid for, again from a drop down menu tied to a database table. In step 370 the physician may type an expiration date. The physician may also select and populate the DISP, SIG and REFILL boxes in step 372 to indicate specific instructions to the pharmacy. In step 374 the physician may also select buttons signifying certain instructions for the prescription. For example, the physician may select the following buttons: Discontinue, Allergic to, Intolerant to, Generic Substitution Permitted, Dispense as Written or May Substitute Formulary Equivalent with notification. In step 376 the physician populates the ICD9 disease state Code. The physician may or may not fill out the billing modifier in step 378. In step 380 the physician may type special comments in the comments field for the prescribed drug.

Detail Description Paragraph:

[0068] FIG. 10 illustrates the Triage Administrator, the graphical user interface for the program. There are two parts to the Triage Administrator, the Data Administrator and the Requests Administrator. The Data Administrator, located on the top portion of the Administrator application, links to MS Access databases that store the Doctors Office, Nursing Home, Pharmacy, Physician, Patients and Medication NDC Information. From the Data Administrator users can search and update the databases. Simply click on the database you would like to open and an interface menu will appear. Using this menu you can add and delete records, search for a particular record or create voice tags for entries if you do not like the current computer generated speech. The bottom half of the Triage Administrator, the Request Administrator, handles all executable functions. The Request Administrator allows users to fill prescription requests, listen to voice mail from nursing homes, print all prescription refill requests to the default printer, fill patient report requests and check the status of outgoing faxes.

Detail Description Paragraph:

[0069] FIG. 11 illustrates the Prescription Refill Request screen that displays all captured information for a refill request. The user uses one of the 5 buttons to approve the request or take another action. The system administrator can customize the text of these buttons. The user also has the option of typing a free text message in the comments box. Once the user completes the refill request the user can select the Fax Reply button to send the fax to the Pharmacy that called in the prescription refill request. The fax will be sent to the telephone number listed on the right hand side of the request labeled "Fax Number." Alternatively, the user can select the print button and the prescription refill request will be printed to the default printer. Also, internet protocols have been added to this service which make it possible to e-mail the request.

CLAIMS:

1. A method of processing a prescription refill request via an interactive voice response system, the method comprising the steps of: providing access to an interactive response system; prompting for a pharmacy identification; prompting for a patient identification; and prompting for an NDC number of a medication corresponding to the prescription to be filled.

5. The method of claim 1, wherein each response to a prompt is followed by a confirmation of the reponse and the prescription refill request is assigned a unique tracking identification.

6. The method of claim 1, further comprising the steps of: creating a database entry for each prescription refill request, the database entry including the NDC identification and a corresponding commercial or generic name of the medication corresponding to the NDC identification, whereby a physician or individual may consider and provide the refill authorization based on the commercial or generic name of the medication.

22. An interactive voice response system of processing a prescription refill request, the system comprising: means for providing access to an interactive response system; means for prompting for a pharmacy identification; means for prompting for a patient identification; and means for prompting for an NDC number of a medication corresponding to the prescription to be filled.

23. The system of claim 22, further comprising: means for creating a database entry for each prescription refill request, the database entry including the NDC identification and a corresponding commercial or generic name of the medication corresponding to the NDC identification, whereby a physician or individual may consider and provide the refill authorization based on the commercial or generic name of the medication.

[Previous Doc](#)

[Next Doc](#)

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